

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILED DATE \_\_\_\_\_

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	2					
5	2					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	1					
17	1					
18	2					
19	1					
20	1					
21	1					
22						
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	14	→	→	→	→	→
TOTAL CLAIMS	24					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→	→	→
TOTAL CLAIMS						